

Supplemental Application Data Sheet

Application Information

Application number::	10/585,216
Filing Date::	06/30/06
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	THIOPHENE DERIVATIVES FOR UP- REGULATING HLA-DM ACTIVITY
Attorney Docket Number::	D0504.70009US00
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Li-An
Family Name::	Yeh
City of Residence::	Cary
State or Province of Residence::	NC
Country of Residence::	US
Street of mailing address::	315 Council Gap Court

City of mailing address:: Cary
State or Province of mailing address:: NC
Postal or Zip Code of mailing address:: 27513

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gregory
Middle Name:: D.
Family Name:: Cuny
City of Residence:: Somerville
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 373 Highland Ave., Apt 323
City of mailing address:: Somerville
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02144

Applicant Authority Type:: Inventor
Primary Citizenship Country:: New Zealand
Status:: Full Capacity
Given Name:: Melissa
Family Name:: Call
City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 6 Blackwood Street, #B2
City of mailing address:: Boston
State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02115

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Kai
Family Name:: Wucherpfennig
City of Residence:: Brookline
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 67 Highland Road
City of mailing address:: Brookline
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02445

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ross
Middle Name:: L.
Family Name:: Stein
City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 14 Hawes Road
City of mailing address:: Sudbury
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01776

Correspondence Information

Correspondence Customer Number:: 23628

Representative Information

Representative Customer Number:: 23628

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<u>This Application</u>	<u>National Stage of</u>	<u>PCT/US2004/043950</u>	<u>12/29/04</u>

Foreign Priority Information

Assignee Information

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on March 13, 2008
Date



Signature

Irene Gommerstadt

Typed or printed name of person signing Certificate

Registration Number, if applicable

617.646.8275
Telephone Number

Note: Each paper must have its own certificate of mailing.

Supplemental Application Data Sheet (4 pages)